

<b>Case Number:</b>	CM13-0011451		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old male with a 11/17/09 date of injury. At the time of request for authorization for post-op chiropractic with physiotherapy (2) times per week for (6) weeks for the lumbar spine, there is documentation of subjective (low back pain and left lower extremity complaints associated with numbness and weakness) and objective (decreased sensation in the L4, L5, and S1 dermatomes, weakness in the left psoas, quadriceps, hamstrings, tibialis anterior, inversion, plantar flexion, eversion and extensor hallucis longus) findings, current diagnoses (multiple HNPs of the lumbar spine, facet arthropathy of the lumbar spine, and lumbar radiculopathy), and treatment to date (medications). There is no documentation of a pending surgery that is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**POST-OP CHIROPRACTIC WITH PHYSIOTHERAPY (2) TIMES PER WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation MTUS: LOW BACK COMPLAINTS, , 308-310

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Post Operative Physical Therapy for Lumbar Decompression.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines supports 16 visits over 8 weeks for the postoperative management of intervertebral disc disorders without myelopathy. ODG supports up to 16 visits post-operative physical therapy visits in the management of the cited condition/injury. Within the medical information available for review, there is documentation of diagnoses of multiple HNPs of the lumbar spine, facet arthropathy of the lumbar spine, and lumbar radiculopathy. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-op chiropractic with physiotherapy (2) times per week for (6) weeks for the lumbar spine is not medically necessary.